

TDA 319 Nonpoint Source Reimbursement Request (Invoice)

Project Name		Invoice Number	
Grantee		Invoice Date	
Edison Vendor ID		Invoice Period	
Remittance Address		Grant FFY <i>(Do not change)</i>	
Grantee Contact for Invoice Questions		Grant Contract Term	
Phone		Email	
		Edison ID	

Line Items From Att. A Grant Budget	Budget 319(h) Grant Amount	*This Period 319(h) Request	Amount 319(h) Spent To Date	Remaining 319(h) Balance	Budget Match Amount	This Period Match Expended	Total Match Spent To Date	Remaining Match Balance
Salaries, Benefits and Taxes								
Professional Fee/ Grant and Award								
Supplies, Telephone, Postage, Printing, etc.								
Travel, Conferences and Meetings								
Insurance								
Specific Assistance to Individuals								
Other Non-Personnel								
Capital Purchase								
Indirect Cost								
In-Kind Expense								
Total								

* All entries in this column must be listed and described in the "Expenditure Details" table on the back of this page.

This Period Eligible Expenditures to DBEs	
---	--

I certify all expenditures claimed on this invoice are true, accurate and allowable in accordance with provisions of the grant contract.

Authorized Grantee Signature _____	Date _____
------------------------------------	------------

TDA Nonpoint Source Program Use Only--DO NOT WRITE IN THIS SECTION

P.O. #:		Receipt No:		Voucher No:		Entry Date:	
---------	--	-------------	--	-------------	--	-------------	--

